

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090276

Entity Name: P P CONDO, LLC

FILED  
Mar 30, 2009  
Secretary of State

**Current Principal Place of Business:**

4237 SALISBURY ROAD BLDG 1  
STE 100  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4237 SALISBURY ROAD BLDG 1  
STE 100  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OWENS, GEORGIA E JR  
100 SECOND AVE SOUTH STE 301N  
ST PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

OWENS, GEORGE E JR  
100 SECOND AVE SOUTH STE 301N  
ST PETERSBURG, FL 33701 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GEORGE OWEN JR.

03/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BUTTNER, EDWARD W IV  
Address: 4237 SALISBURY ROAD BLDG 1  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: CROPPER, STEVEN  
Address: 4237 SALISBURY ROAD BLDG 1 ST 100  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDWARD W. BUTTNER IV

MGRM

03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date